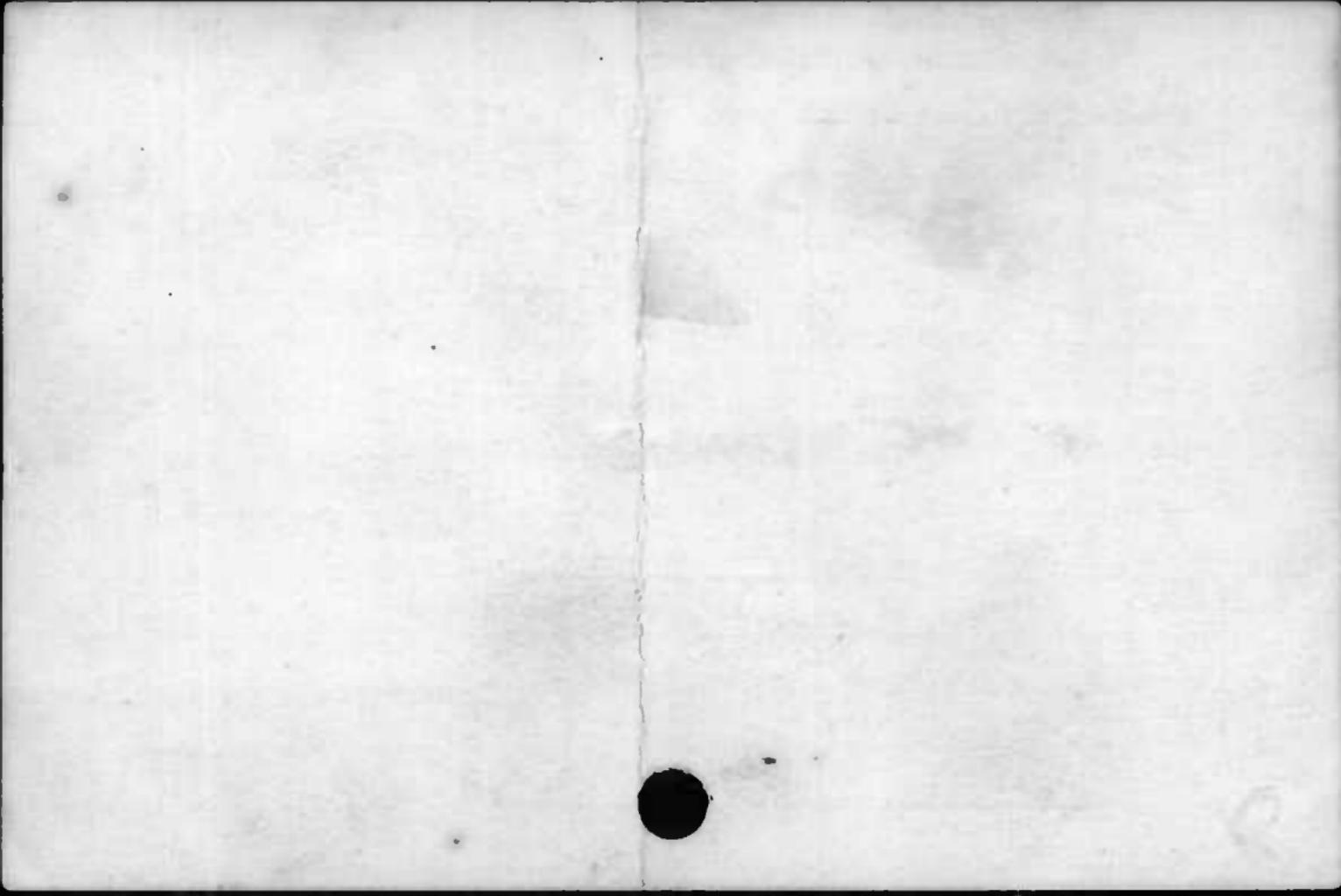


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|---|----------------------------------|--|----------------------------|-------------------------|----------------------|--|
| Name in Full | | Frances Agnew | | 10/12/11 | CERTIFICATE OF DEATH | |
| Died at | Town | Harford | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1906 | 10th | 27th | Age 49 | — | — | |
| Sex | Male | Color or Race | white | Birth- place | New York | |
| Occupation | House Wearer | Where Residing if not at place of death | | — | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Mary Croucher | — | | |
| Father's Name | — | | Father's Birthplace | — | | |
| Mother's Maiden Name | Kate Koenig | | Mother's Birthplace | Iowa | | |
| Name of person giving Information | Fred Agnew | | How related to deceased | Son | | |
| CAUSES OF DEATH | | | | | | |
| Primary | Pistol shot | By Deputy Sheriff | How long | suddenly | | |
| Immediate | while forcibly resisting arrest. | (John Worthington) | How long | — | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | John B. Hayward M.D. | | |
| | | | Address | Pylesodee Harford Md | | |
| Accident or Suicide? | | | | | | |



Name
in
Full

Charles Baker

CERTIFICATE OF DEATH

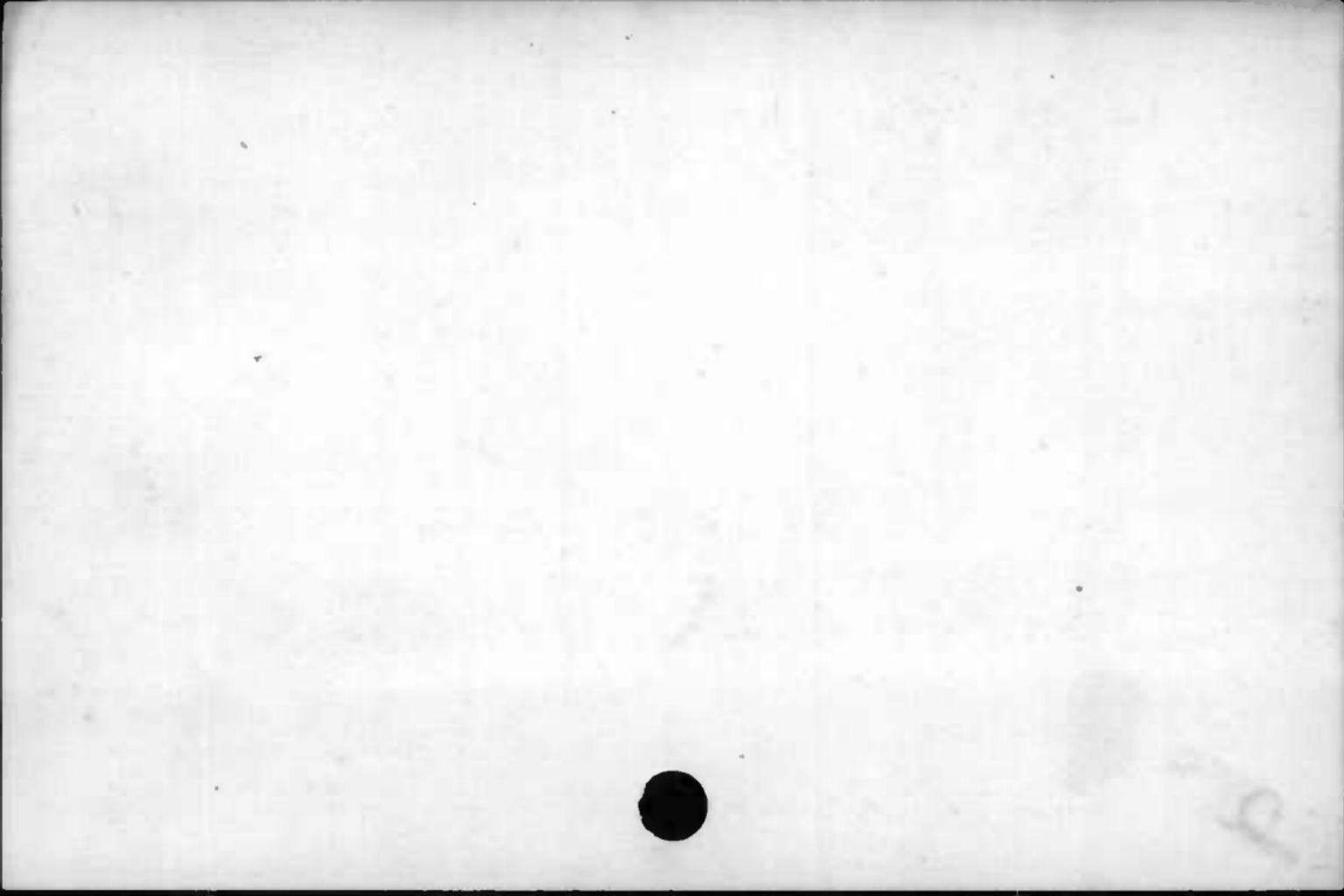
To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|-------------------------|-------------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death | Month | Day | Years | Munths Days |
| Sex | Color or Race | Age | 64 | 1 12 |
| Occupation | Where Residing If not at place of death | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Elijah Amos | |
| Father's Name | Charles Baker | | | |
| Mother's Maiden Name | Mary Durham | | | |
| Name of person giving information | Elijah Baker M | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------------------|-----|------------------------|-----------------------------|
| Primary | Initial regurgitation of heart | | How long | 6 months |
| Immediate | Cardiac asthma | | How long | 7 days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | W. Willard Stirling M.D. |
| | | | Address | Shane Baltimore Co., Md. |
| Accident or Suicide? | | | | |



Name
in
Full

Victor Johnson Brinck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | | |
|-----------------------------------|---|-------------------------|----------|-------------|-----------|--------|------|--|
| Died at | Oakington | Town | Staunton | County | MARYLAND | | | |
| Date of death | 1906 Oct | Month | 26 | Day | Years | Months | Days | |
| Sex | Male | Color or Race | White | Birth-place | Oakington | | | |
| Occupation | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | | |
| Father's Name | Wm. C. Brinck | | | | | | | |
| Mother's Maiden Name | Tilly Skinner | | | | | | | |
| Name of person giving Information | Tilly Brinck | | | | | | | |
| Father's Birthplace | Oakington | | | | | | | |
| Mother's Birthplace | North East | | | | | | | |
| How related to deceased | Mother. | | | | | | | |

CAUSES OF DEATH

Primary

Gastro Enteritis
Exhaustion

How long

one week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

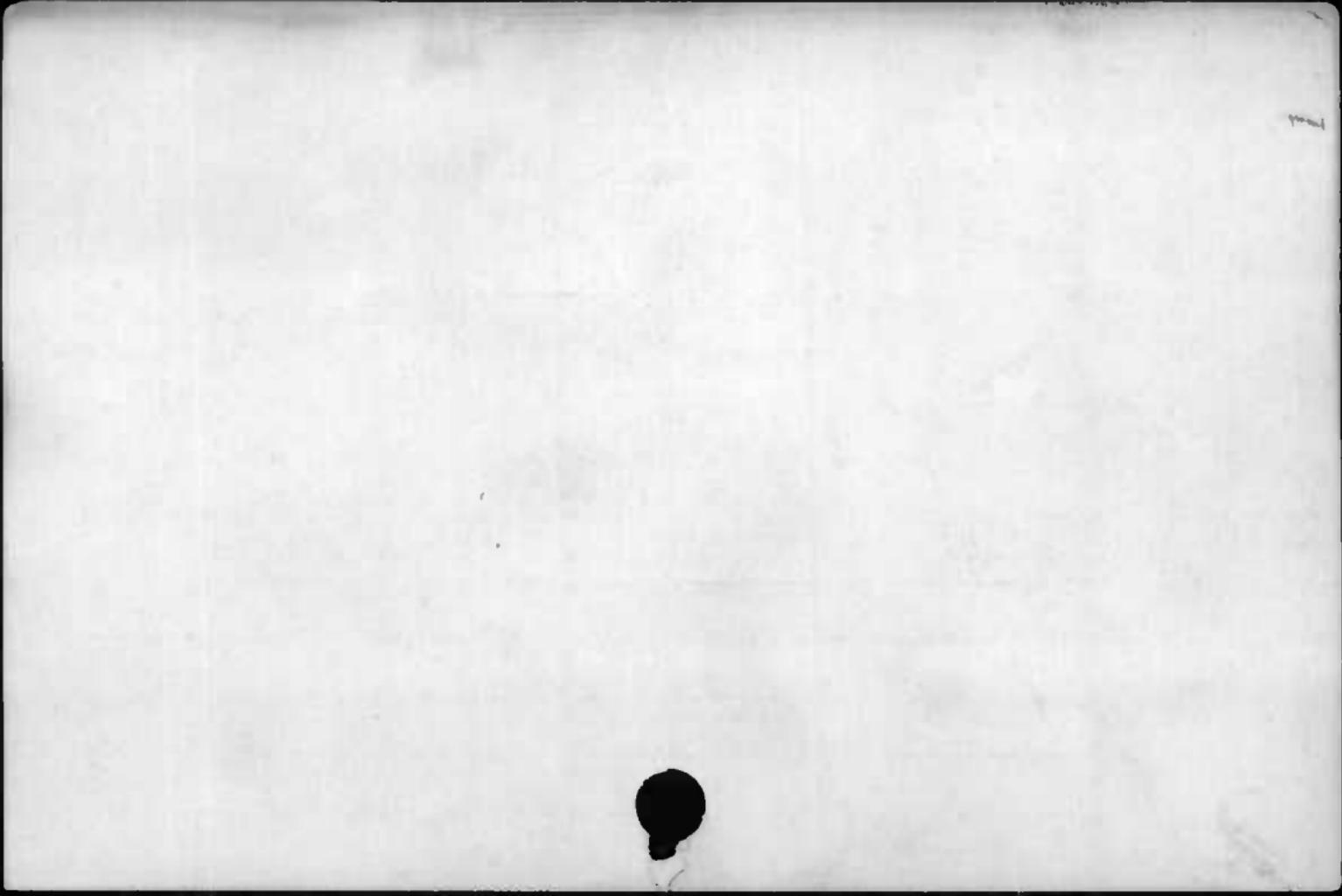
Address

106

J. Kennedy

Abundus

Accident or Suicide?



Name
in
Full

Cynthia H. Brown.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | |
|--|---|----------------|-------------|
| Died at | Town | County | MARYLAND |
| Date of death | Month | Year | Months Days |
| Sex | Color or Race | Age | |
| Occupation | Where Residing if not at place of death | | |
| Married, Single or Widowed | Name of Wife or Husband | Benjamin Brown | |
| Father's Name | John Johnson | | |
| Mother's Maiden Name | Caroline Johnson | | |
| Name of person giving information | Caroline Johnson | | |
| CAUSES OF DEATH | | | |
| Primary | Chronic heart disease for years | | |
| Immediate | Exhaustion | | |
| Are the name, age, sex, color, date and place correctly given above? | | | |
| Signature of Physician | | | |
| Address | | | |

PHYSICIAN
OR CORONER

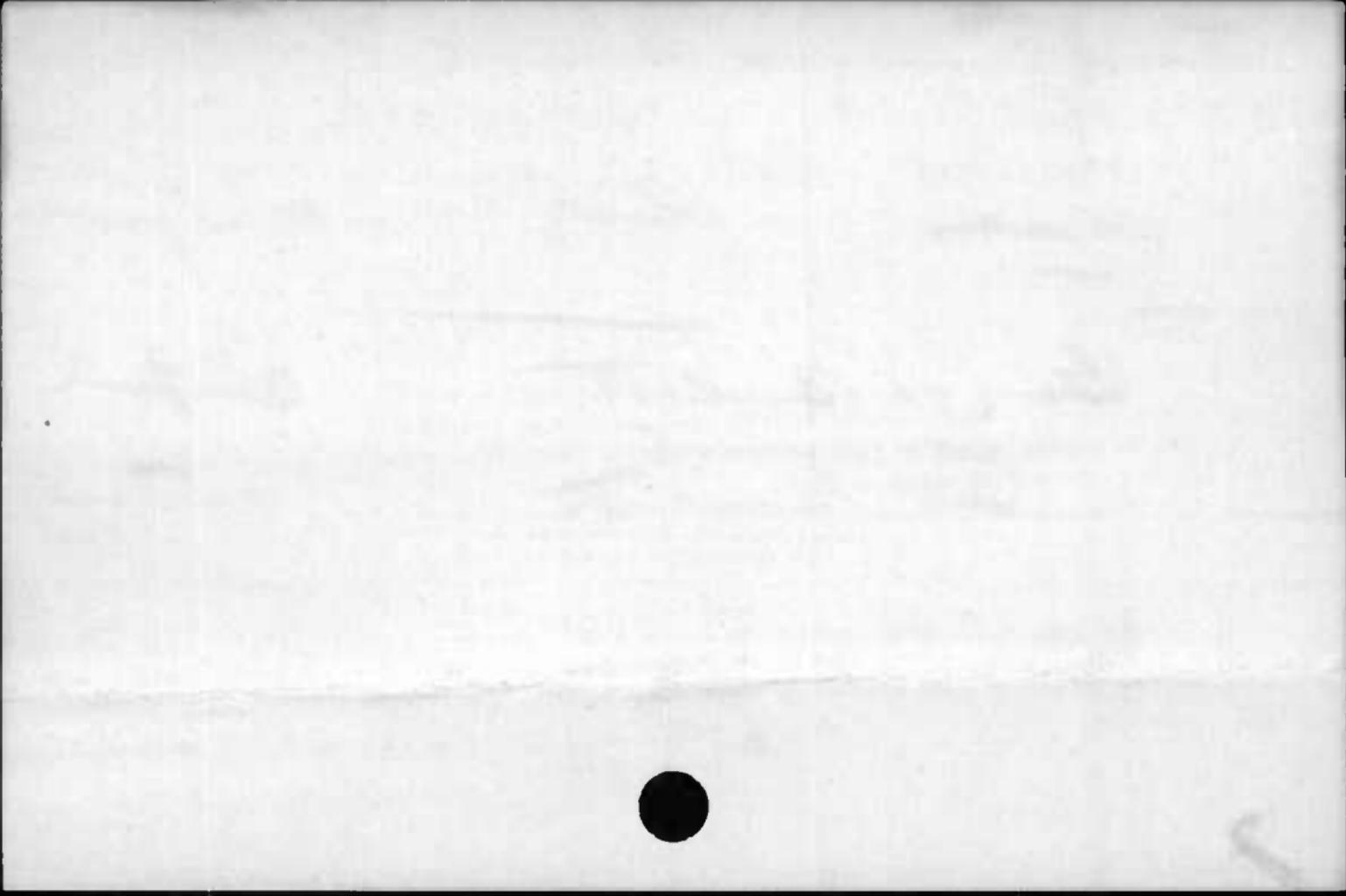
Yes

Signature of Physician

Address

Wm. W. Cunneel & Company
Belair.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

| | | | | | |
|-----------------------------------|------------------|---|---------|------------|------------|
| Ferd. Thomas. Bullett, | | County | | MARYLAND | |
| Died at | Whitefield | Town | Harford | Months | Days |
| Date of death | 1906 Oct | Month | 18 | Age | 11. |
| Sex | Male | Color or Race | white | Birthplace | Whitefield |
| Occupation | — | Where Residing if not at place of death | | | |
| Married Single etc. | Single | Name of Wife or Husband | | | |
| Father's Name | George. Bullett, | | | | |
| Mother's Maiden Name | Mrs. Jones | | | | |
| Name of person giving information | Ferd. Bullett. | | | | |

CAUSES OF DEATH

Primary

Gastric - Enteritis

How long

One week

Immediate

Meningitis

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

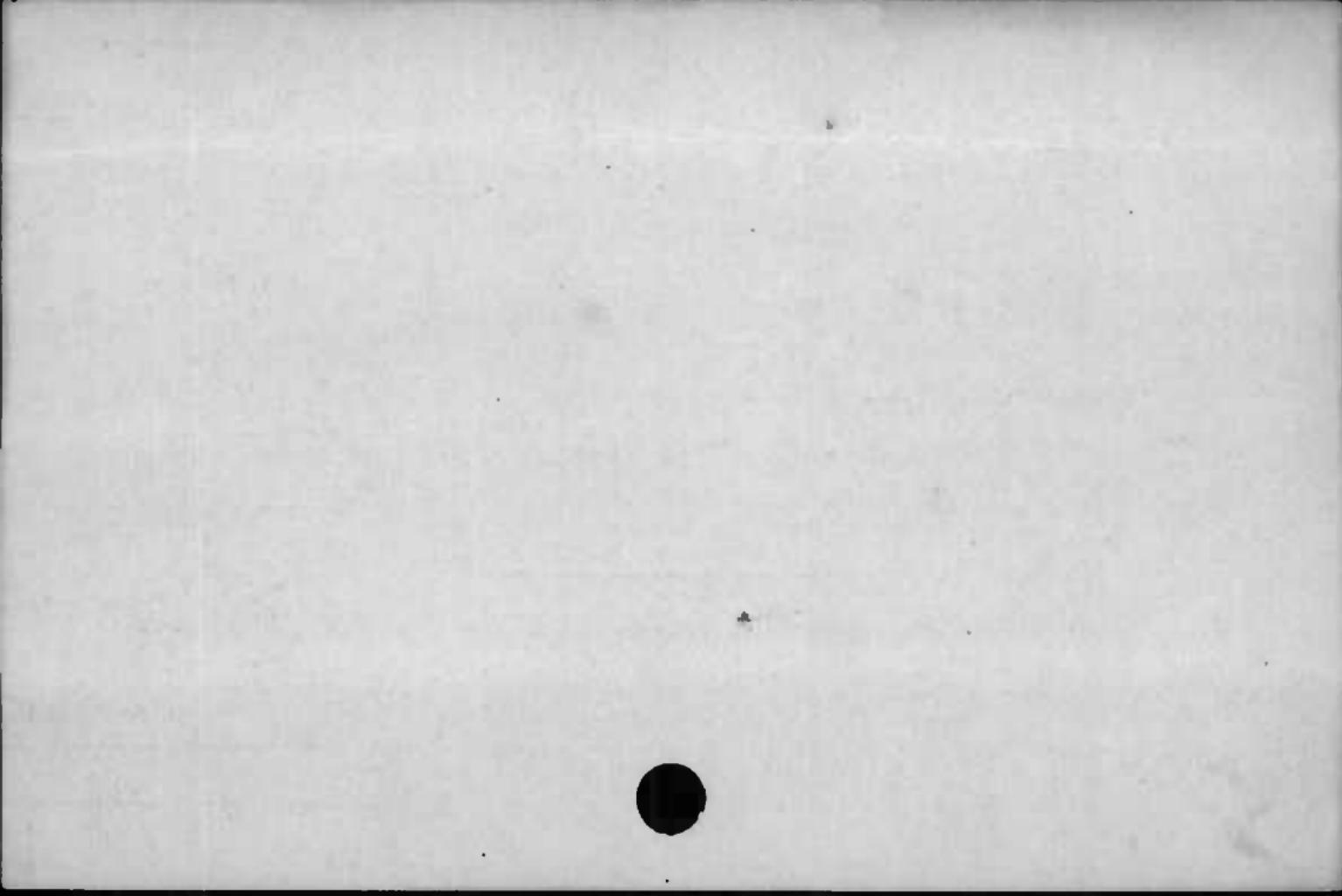
Signature of Physician

Address

D. O. E. Astbury

Cardiff M.

Accident or Suicide?



Name
in
Full

Thomas Burkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------------|---|-------------------------|-------------|----------|--------|------|
| Died at | Poole | Town | Harford | County | MARYLAND | | |
| Date of death | 1906 | Month | Oct'r | Day | Years | Months | Days |
| Sex | Male | Color or Race | White | Birth-place | Maryland | | |
| Occupation | Labour | Where Residing if not at place of death | | | | | |
| Mother, Single or Widowed | Name of Wife or Husband | | | | | | |
| Father's Name | | | Father's Birthplace | | | | |
| Mother's Maiden Name | | | Mother's Birthplace | | | | |
| Name of person giving information | Edward R Thompson | | How related to deceased | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asthma & Tuberculosis

(21)

How long

Several years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

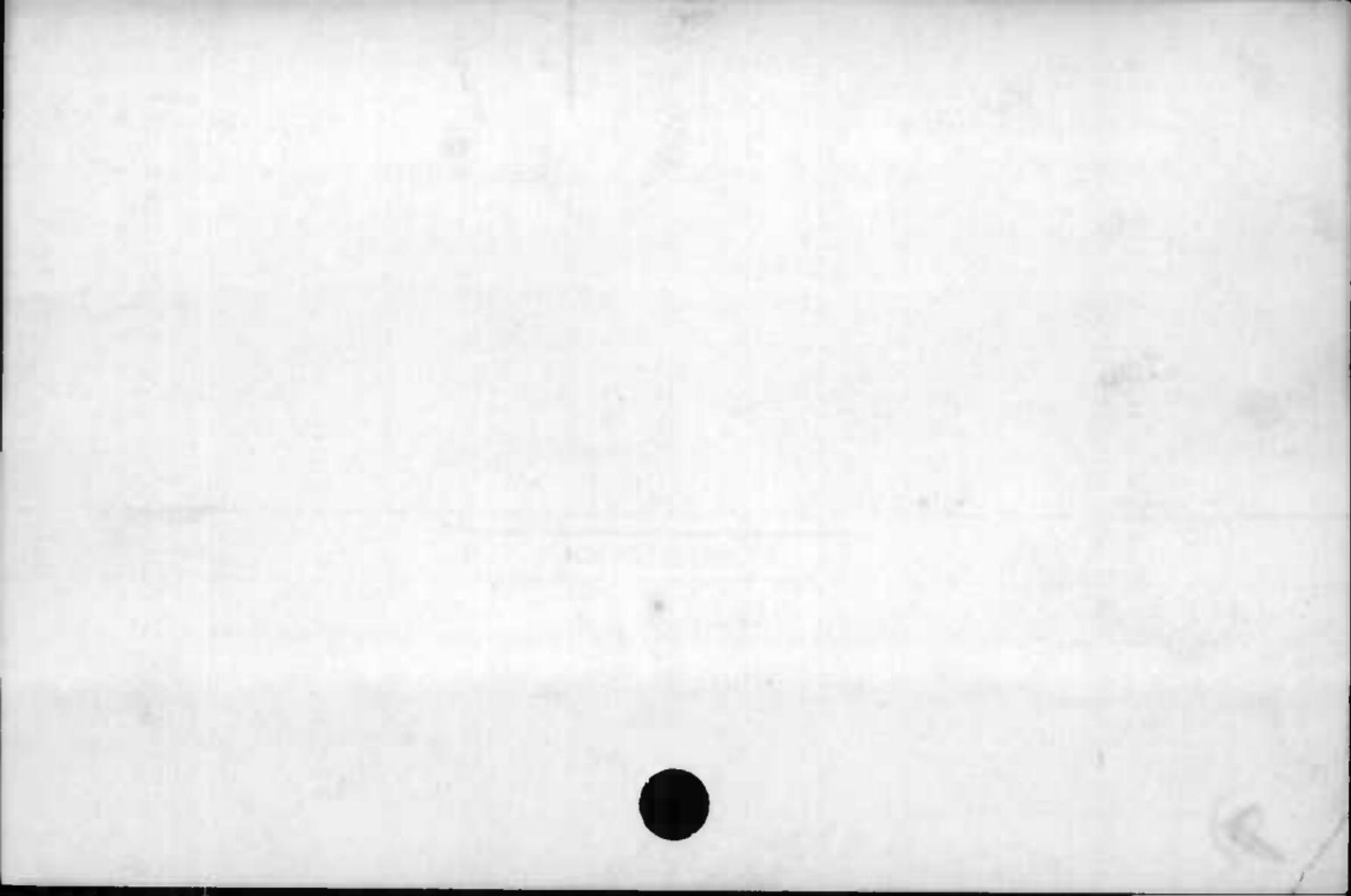
yes

Signature of Physician

Address

Ephraim Hopkins MD
Darlington
Md

Accident or Suicide?



Name
in
Full

John Thomas Catt east

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|---------------------|-------------------------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death | Month | Day | Years | Months Days |
| Sex | Color or Race | Age | Birth-place | |
| Occupation | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Mary Anna Catt east | | |
| Father's Name | Joseph Catt east | | Father's Birthplace | Baltimore |
| Mother's Maiden Name | Ruth Traubay | | Mother's Birthplace | Madison |
| Name of person giving information | Bevrie Catt east | | How related to deceased | daughter |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(93)

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

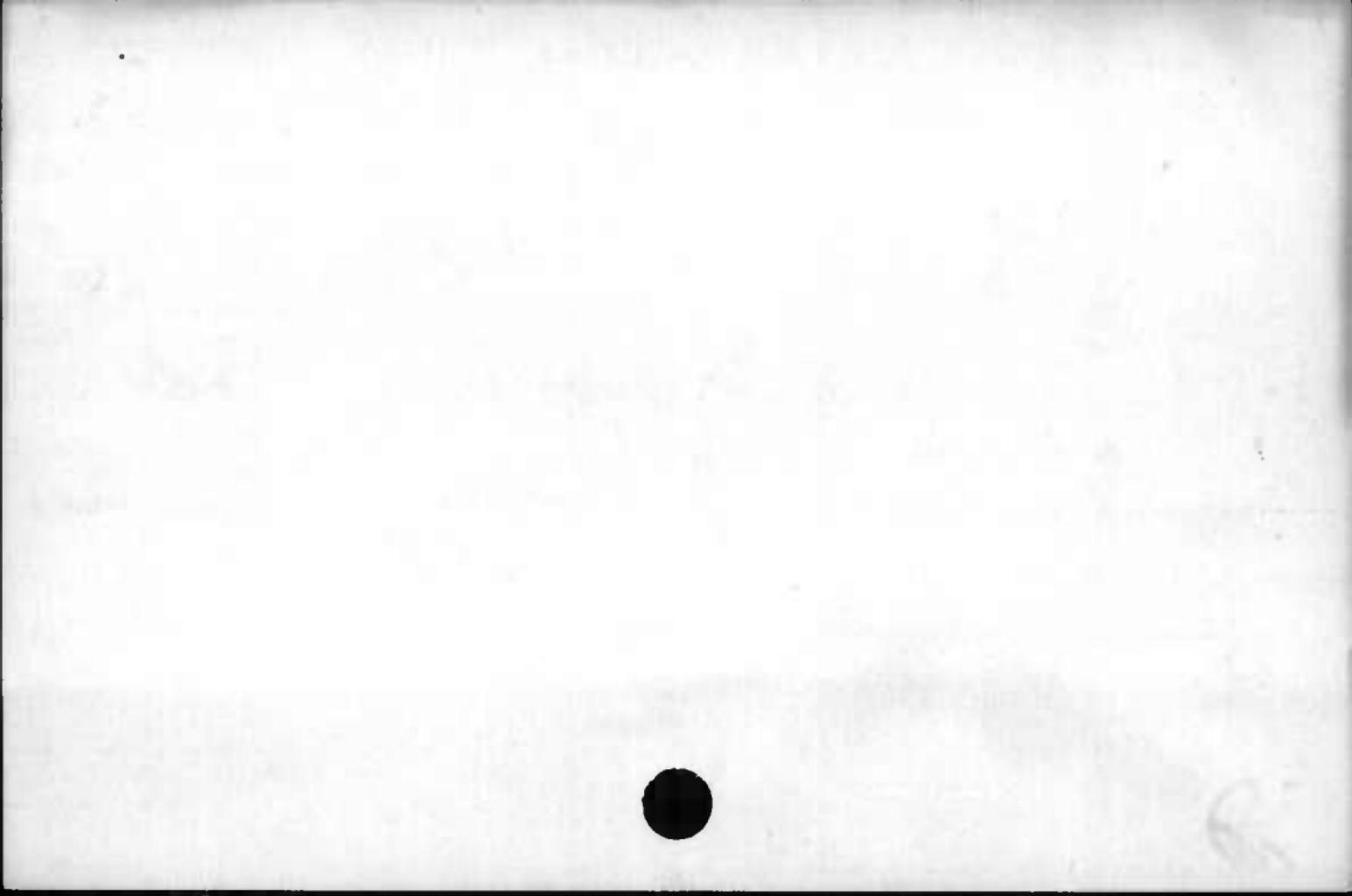
Signature of Physician

Address

J. T. Leacock
White Station
M. d.

8

Accident or Suicide?



Name
in
Full

Roscoe A. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|------------------|--|----------------------------|-------------|--------|------|
| Died at | Town | County | | MARYLAND | | |
| Died at | Churchville | Harford | | | | |
| Date of death | 1906 Oct 17 | Day | Age | Years | Months | Days |
| Sex | Male | Color or Race | Black | Birth-place | Md. | |
| Occupation | Laborer | Where Residing if not et place of death | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | Churchville | | | |
| Father's Name | Edward F. Cooper | | Father's Birthplace | Md. | | |
| Mother's Maiden Name | Lucie Boyle | | Mother's Birthplace | Md. | | |
| Name of person giving Information | Edward F. Cooper | | How related to deceased | Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis (2) How long About 1 year
 Immediate Hemorrhage (2) How long -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J.A. Callahan

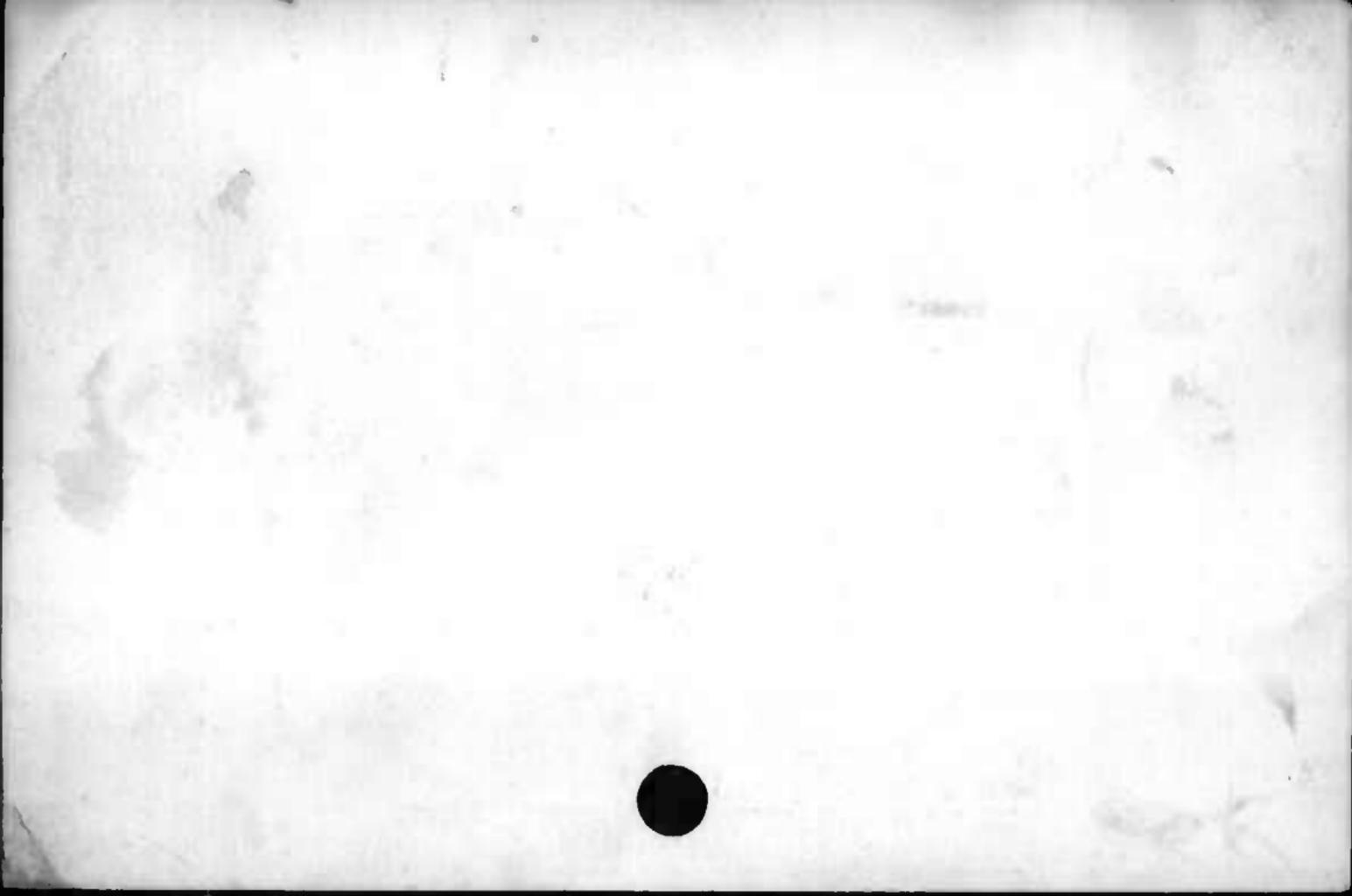
Address

Creswell

Md

Accident or Suicide?

No



Nathan Dean

| | | | | | |
|------------|-------------------|-----------|----------|-----------|---------------------------|
| Died at | Bell Air | Town | Garfield | County | MARYLAND |
| Date 1906 | Oct 17 | Month Day | Y. M. | Native of | Occupation |
| Male | White | Age | 81 | Bell Air | Undertaker |
| Female | Colored | Married | | Widow | Divorced |
| Husband of | Rachel Leach Dean | Single | | Widower | Number of children living |

Wife

Father's Name

Mother's Maiden Name

Cause of Death

Primary: Cerebral Hemorrhage

Immediate: Coagulation

How long sick

3 mo

Death

Accident, Suicide, Homicide

Reported by

Robert S. Page M.D.

Address

Bell Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thos. Paul Lewis Englehardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|--|------------------------|--------------|----------|------------------------------|---------------------------------------|
| Died at <u>Valient Park</u> | | County <u>Stamford</u> | | MARYLAND | | |
| Date of death <u>1906</u> | Month <u>Och</u> | Day <u>22</u> | Age <u>4</u> | Years | Months | Days |
| Sex <u>Male</u> | Color or Race <u>white</u> | | | | Birth-place <u>Baltimore</u> | |
| Occupation <u> </u> | Where Residing If not at place of death <u> </u> | | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u> </u> | | | | | |
| Father's Name <u>Lewis Englehardt</u> | | | | | | Father's Birthplace <u>Baltimore</u> |
| Mother's Maiden Name <u>Minnie Alber</u> | | | | | | Mother's Birthplace <u>"</u> |
| Name of person giving Information <u>Minnie Filutha</u> | | | | | | How related to deceased <u>Mother</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

(8)

How long

5 days

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

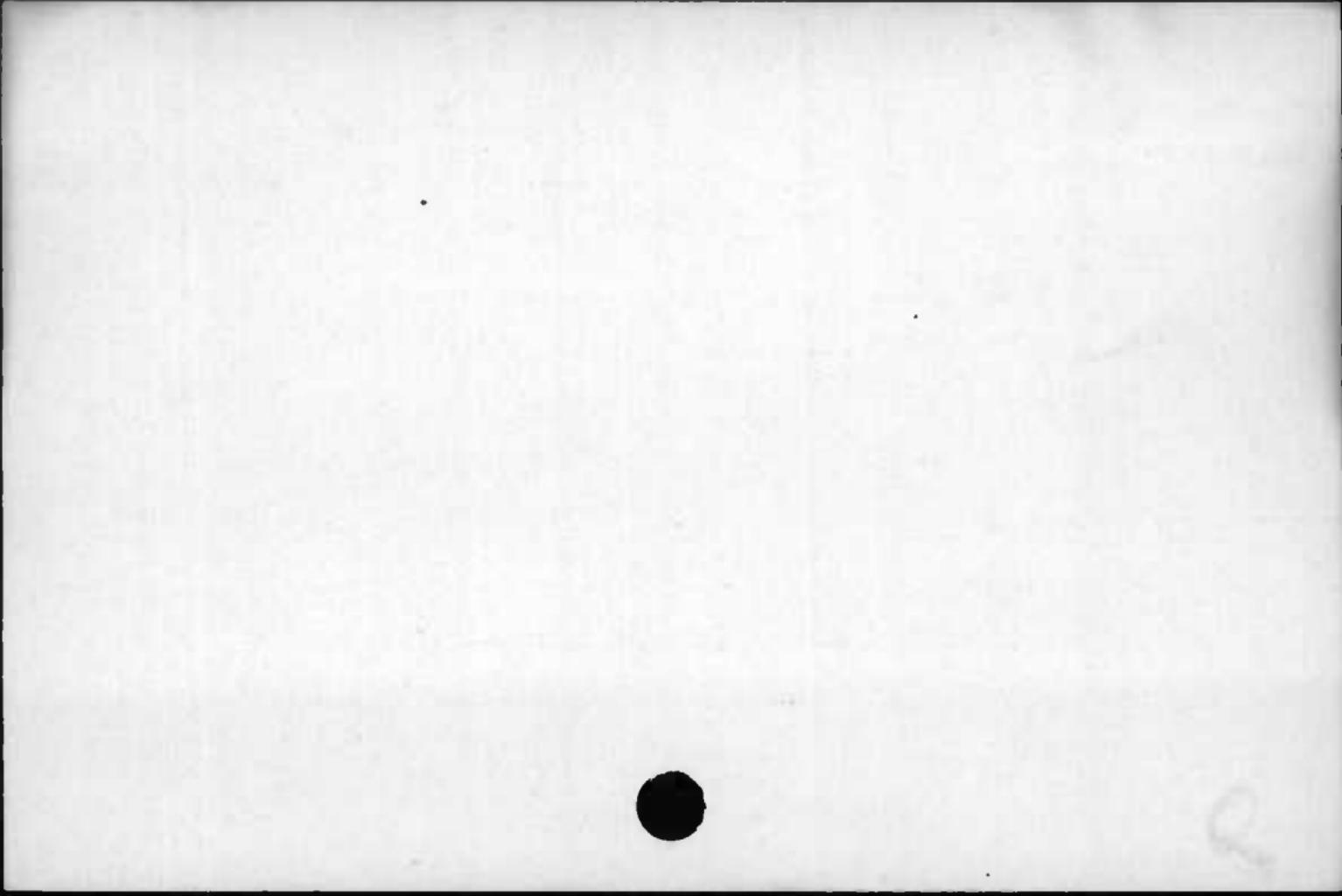
Signature of Physician

Address

Dr. H. Kiehl

Aberdeen Md

Accident or Suicide?



Name
in
Full

Laura G. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|-------------------------|---|-------------------------|----------------|
| Died at | Town | County | MARYLAND | |
| Died at | Prospect | Harford. | — | — |
| Date of death | Month | Age | Years | Months |
| 1906 | Oct | 16 | 76 | — |
| Sex | Color or Race | Where Residing If not at place of death | Birth-place | |
| Female | White | Laura G. Johnson | Harford Co Md | |
| Occupation | House wife | | Father's Birthplace | Lawrence Co Pa |
| Married, Single or Widowed | Name of Wife or Husband | | Mother's Birthplace | " " " |
| Father's Name | Maurice Thomas | | How related to deceased | Husband |
| Mother's Maiden Name | Pyle | | | |
| Name of person giving information | W. Johnson | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Catarrh Catarrh

106

How long

Immediate

How long

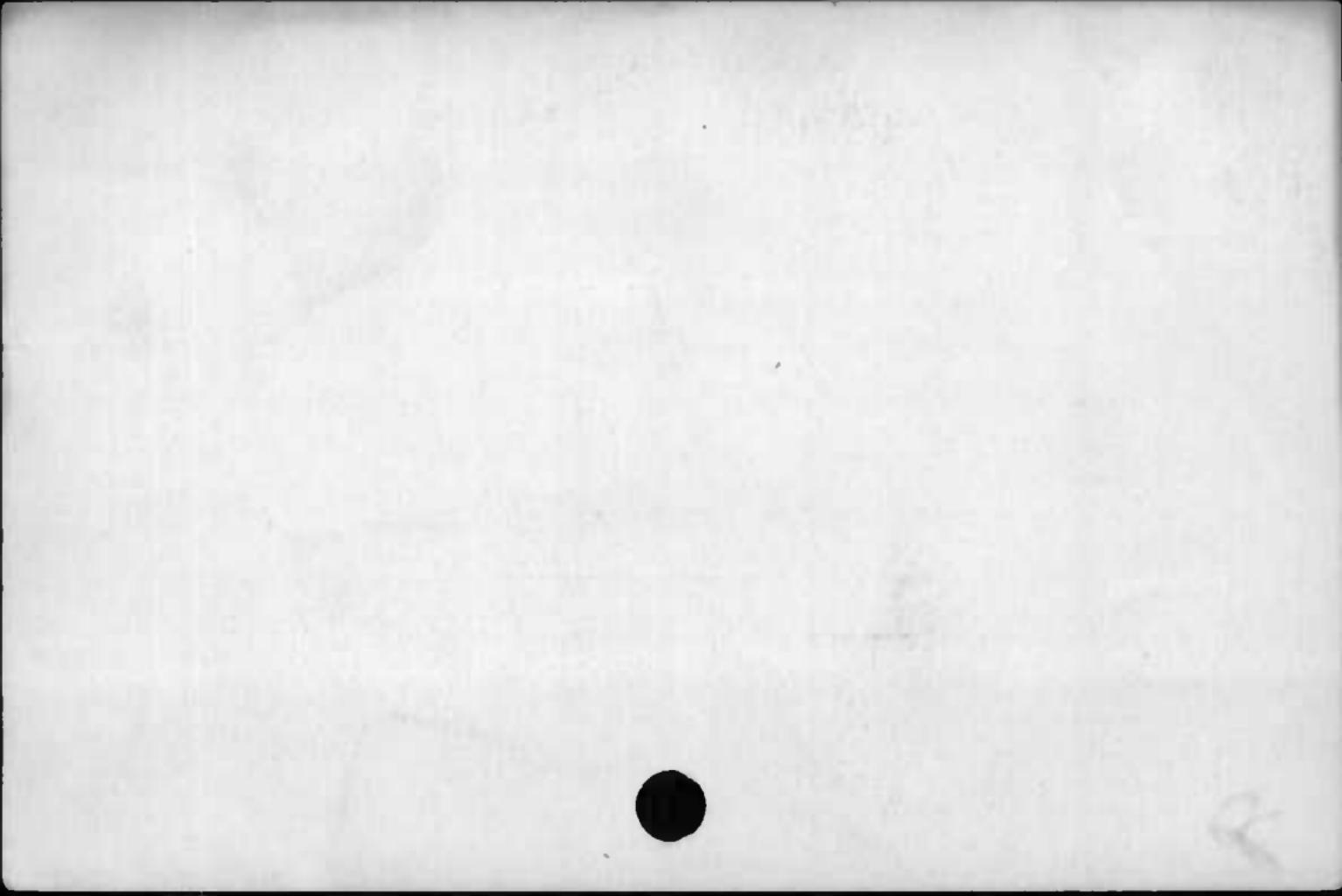
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Warren P. Amory
Della York les Pa

Accident or Suicide?



Name
in
Full

William Putnam Loffin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|----------|----------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death | Month | Day | Years | Months Days |
| Sex | Color or Race | Age | 63 | 11 16 |
| Occupation | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Aberdeen | | |
| Father's Name | Maryland | | | |
| Mother's Maiden Name | Maryland | | | |
| Name of person giving information | Son | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Central Hemorrhage

How long

Death

Immediate

Paralysis

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. Kennedy

Aberdeen, Md.

J.

Accident or Suicide?

Postles

Name
In
Full

Lizzie Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|------------------------------|------------------|----------|-------------|
| Died at <u>Cardiff</u> | | County <u>Hayward.</u> | | MARYLAND | |
| Date of death | Month <u>Oct</u> | Day <u>31</u> | Age <u>16</u> | Years | Months — |
| Sex <u>Female.</u> | Color or Race <u>white</u> | Birth- place <u>Md</u> | Days — | | |
| Occupation <u>Servant</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband | | | | |
| Father's Name | Father's Birthplace | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | |
| Name of person giving Information <u>E. P. Lloyd</u> | How related to deceased <u>No Relation</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intracardinal obstruction

How long

Four days

Immediate

" "

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D.W. E. Arthur
Cardiff Md

Accident or Suicide?

Mt. Rebo

Nov. 2-06

Name
in
Full

Rigley

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

| | | | | | | | | |
|-----------------------------------|---|-------------------------|-------|-------------------------|---------------|------|----------|--|
| Died at | Town | Harford | | County | | | MARYLAND | |
| Date of death | Month | Day | Age | Years | Months | Days | | |
| 1906 | Och | 30 | | — | — | 8 | | |
| Sex | male | Color or Race | Black | Birth-place | Near Aberdeen | | | |
| Occupation | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | | |
| Father's Name | Lewis Rigley | | | Father's Birthplace | Harford Co. | | | |
| Mother's Maiden Name | Vergie Gibson | | | Mother's Birthplace | Harford Co. | | | |
| Name of person giving information | Vergie Rigley | | | How related to deceased | Mother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rupture Convulsions



How long

24 hours

Immediate ✓

How long

✓

Are the name, age, sex, color, date and place correctly given above?

yes

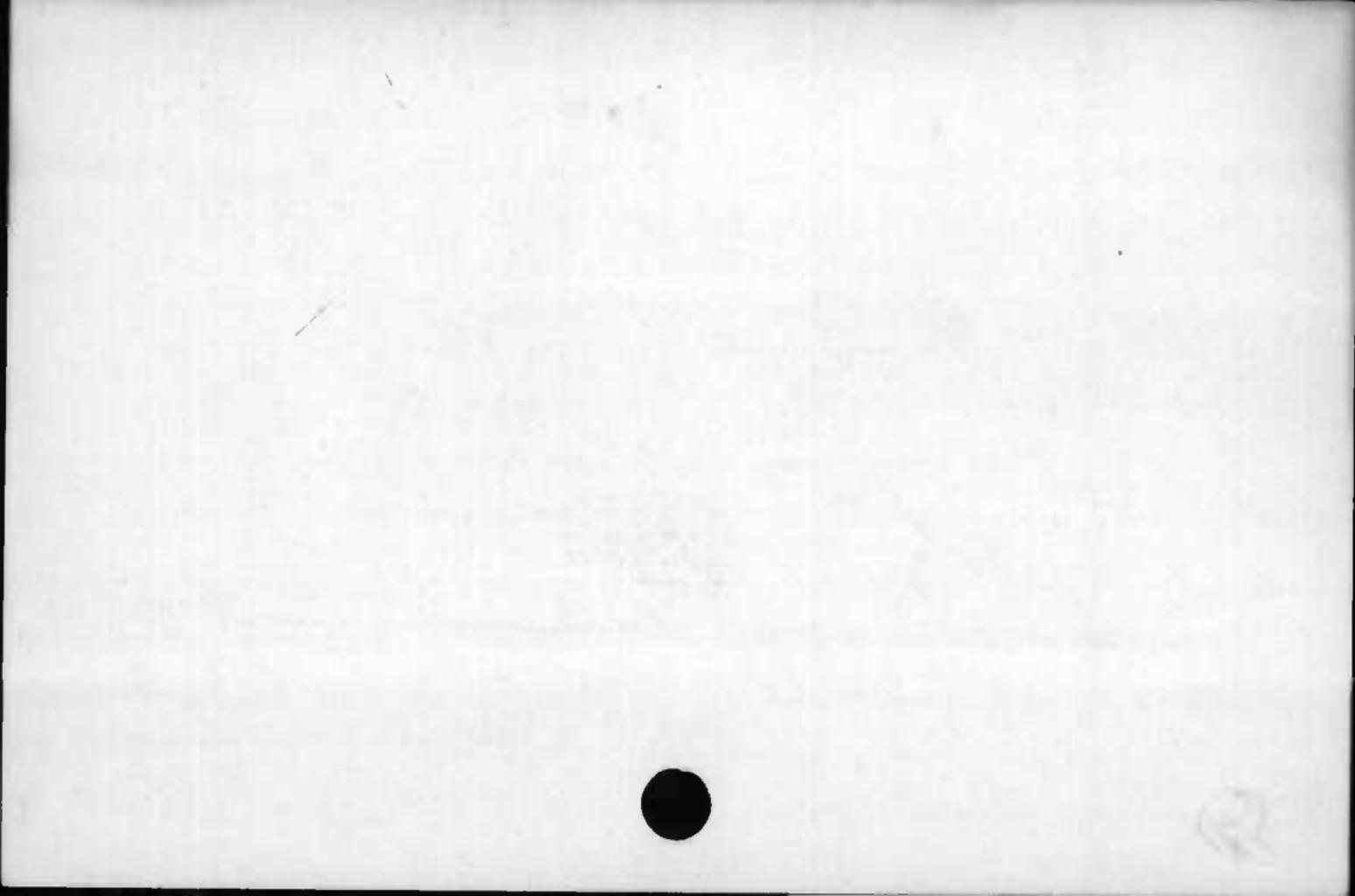
Signature of Physician

Address

J. S. Kennedy
Aberdeen, Md.



Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Anna. Roberts

CERTIFICATE OF DEATH

| | | | | | |
|---|---|---------------------------|---------------|----------|-------------------------------|
| Died at <u>Luding</u> Town | | County <u>Hanford Md.</u> | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>Oct</u> | Day <u>13</u> | Age <u>77</u> | Years | Months <u>—</u> Days <u>—</u> |
| Sex <u>Female</u> | Color or Race | Birth-place <u>Wailes</u> | | | |
| Occupation <u>House wife</u> | Where Residing if not at place of death <u>Luding</u> | | | | |
| Married, <u>Single</u> or Widowed | Name of Wife or <u>Anna Roberts</u> | | | | |
| Father's Name <u>Euan J. Evans</u> | Father's Birthplace <u>Wailes</u> | | | | |
| Mother's Maiden Name <u>—</u> | Mother's Birthplace <u>Wailes</u> | | | | |
| Name of person giving information <u>David S. Roberts</u> | How related to deceased <u>Husband.</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Barium Sulfate

How long

Ind grise

Immediate

"

"

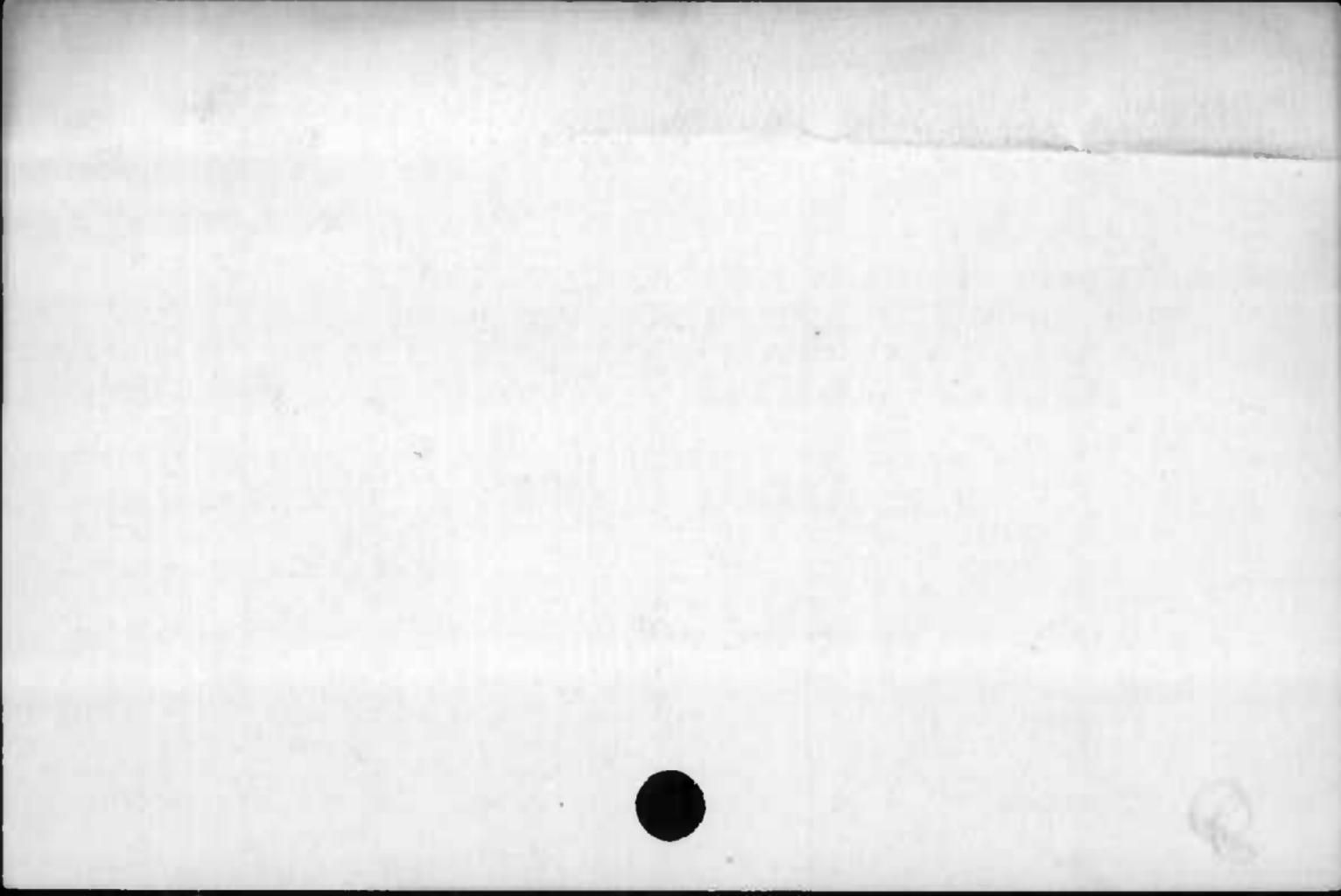
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D.W. C. Anthony
Cardiff Md

Accident or Suicide?



Name
in
Full

Nancy Streett Rutledge

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | |
|-----------------------------------|--|-------------------------|----------|
| Died at | Town | County | MARYLAND |
| Date of death | Month | Day | Years |
| 1906 | Oct | 25 | 1 AM |
| Age | 6 | Months | 1 |
| Sex | Color or Race | Birth-piece | Days |
| Female | White | Harpers Lee Md | 16 |
| Occupation | Where Residing if not et place of death | | |
| Married, Single or Widowed | Name of Wife or Husband | | |
| Father's Name | William S Rutledge | Father's Birthplace | Maryland |
| Mother's Maiden Name | Mary H Bevard | Mother's Birthplace | " |
| Name of person giving information | W S Rutledge | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

6 days

Immediate

Paralysis

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. F Bradley
Garrettville Md

8

Accident or Suicide?

Burial at Bethel Church Nuns Madona

Name
in
Full

Samuel G. Scarff -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|-----------------------------------|------------------|-------------------------|---|-------------------------|------------------------|
| Died at | Pleasantville | Town | Harford | County | |
| Date of death | 1906 | Month Oct | Day 24 | Age 90 | Years 7 Months 11 Days |
| Sex | Male | Color or Race | White | Birth-place | Maryland |
| Occupation | Farmer | | Where Residing if not at place of death | Maryland | |
| Married, Single or Widowed | Widower | Name of Wife or Husband | Hannah Scarff | Father's Birthplace | Maryland |
| Father's Name | John Scarff. | | | Mother's Birthplace | Maryland |
| Mother's Maiden Name | Martha Garrison | | | How related to deceased | Son |
| Name of person giving information | Philip G. Scarff | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

154

How long

failing 1 month

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

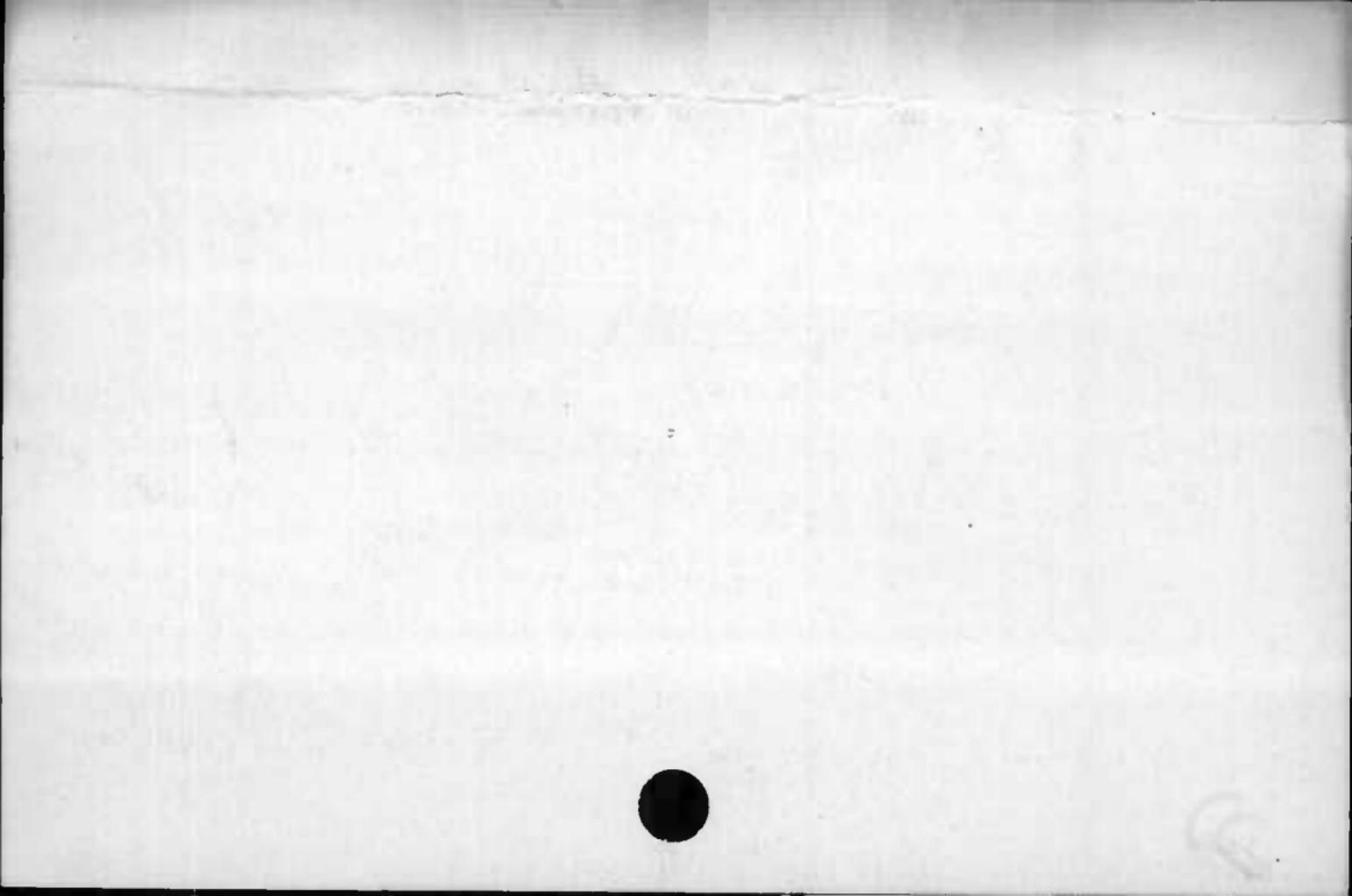
Signature of Physician

Geo. W. Davis M. D.

Address

Pleasantville Md
Per H. G. Walker

Accident or Suicide?



Name
in
Full

Alice Frederica Schantz

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------------------------|--------------------------------|---------------------|------------------|
| Died at | Town <i>Carsin's</i> | County <i>Hanford</i> | MARYLAND | | |
| Date of death | Month <i>1906 Oct.</i> | Day <i>19</i> | Years <i>1</i> | Months <i>11</i> | Days <i>1</i> |
| Sex | <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Carsin's</i> | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | <i>Single</i> | Name of Wife or Husband | | | |
| Father's Name | <i>John Geo. Schantz</i> | | | | |
| Mother's Maiden Name | <i>Frederica Reutter</i> | | | | |
| Name of person giving Information | <i>John Geo. Schantz</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|-------------|--|
| Primary | <i>Pneumonitis</i> | | How long <i>Five days.</i> |
| Immediate | <i>Exhaustion</i> | | How long <i>one day</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes.</i> | Signature of Physician <i>Haseltine</i> |
| | | | Address <i>aberdeen. Md.</i> |
| Accident or Suicide? <i>J</i> | | | |



Name
In
Full

Cathrine Schuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-----------------|---|---------------|---------------------|---------|
| Died at | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| 1906 | Oct | 23 | 9 AM | 83 | 23 |
| Sex | Female | Color or Race | White | Birth-place | Germany |
| Occupation | Houskeeping | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | Name of Wife or Husband | John Schuster | Father's Birthplace | Germany |
| Father's Name | John Helm | Mother's Maiden Name | not known | Mother's Birthplace | " " |
| Name of person giving information | John P Schuster | How related to deceased | son | CAUSES OF DEATH | 154 |

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|------------------------|---------------------|
| Primary | Old age, general debility | How long | - |
| Immediate | Heart failure. | How long | immediate |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Oscar J. McNamee |
| | | Address | Jarrettsville Md |
| Accident or Suicide? | | | |

Salem 8V ~~leucostachys~~
near Farrelleville

Name
in
Full

Sinford Chit R Hugh R Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-----------------|---------------|---|---------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Female | Color or Race | Age | Birth-place | |
| Occupation | | | Where Residing if not at place of death | Safeway | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | Hugh R Thomas | | Father's Birthplace | Wales | |
| Mother's Maiden Name | Elizabeth Jones | | Mother's Birthplace | Baltimore Pa. | |
| Name of person giving Information | A. L. Morris | | How related to deceased | None | |

CAUSES OF DEATH

PYHICIAN
OR CORONER

| | | | |
|-----------|-----------------------|----------|------------|
| Primary | Organic Heart Trouble | How long | From Birth |
| Immediate | | How long | |

Are the name, age, sex, color, date and place correctly given above?

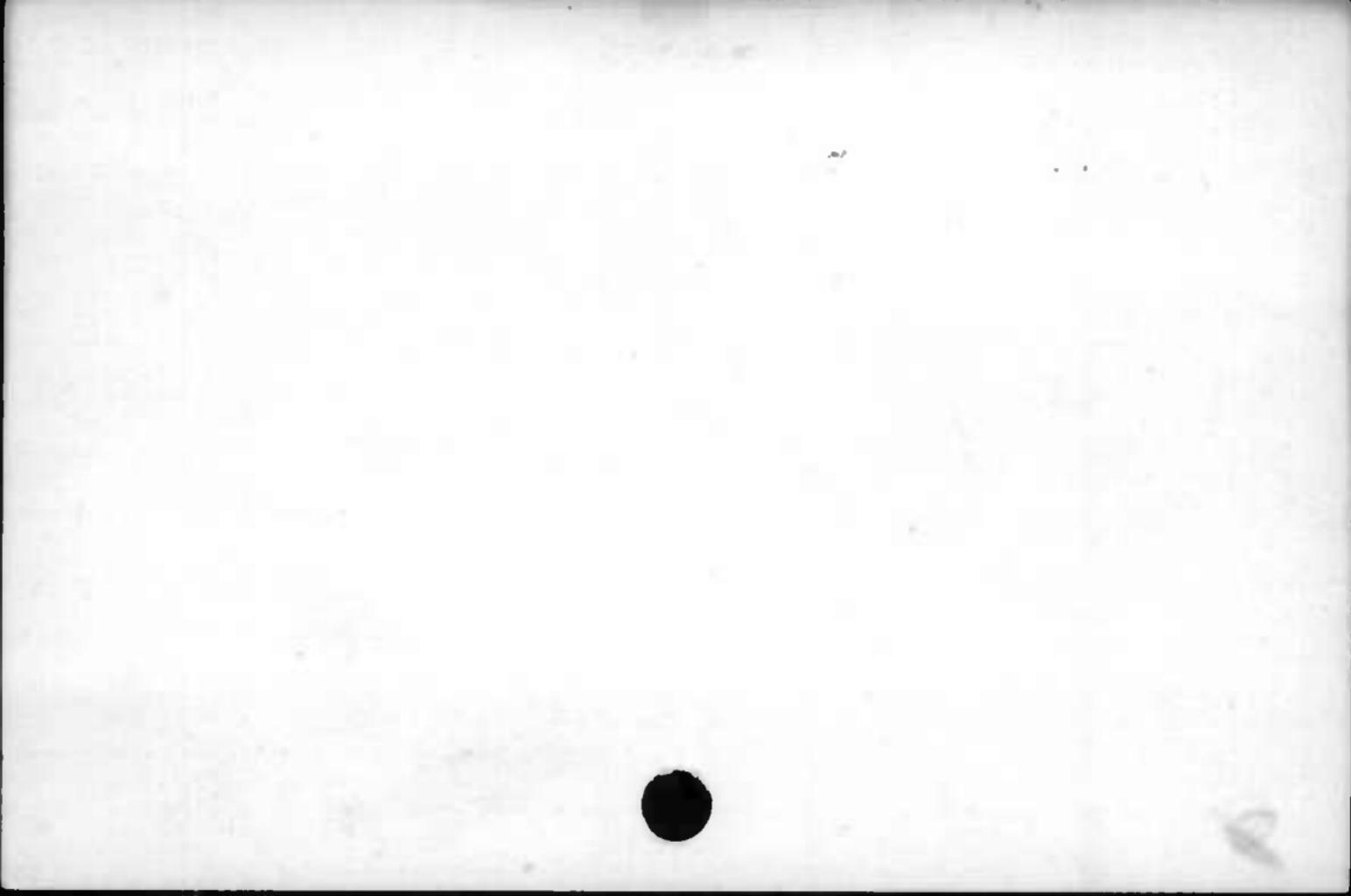
yes

Signature of Physician

G. W. Carter
Delta, Pa.

Address

Accident or Suicide?



Name
in
Full

Mary Miller Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|-------------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | Birth-place | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Wm J Thompson | | | | |
| Mother's Maiden Name | Edith A. Jones | | | | |
| Name of person giving Information | Wm J Thompson | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

61

How long

Two weeks

Immediate

Convulsion

How long

One hour

Are the name, age, sex, color, date and place correctly given above?

yes

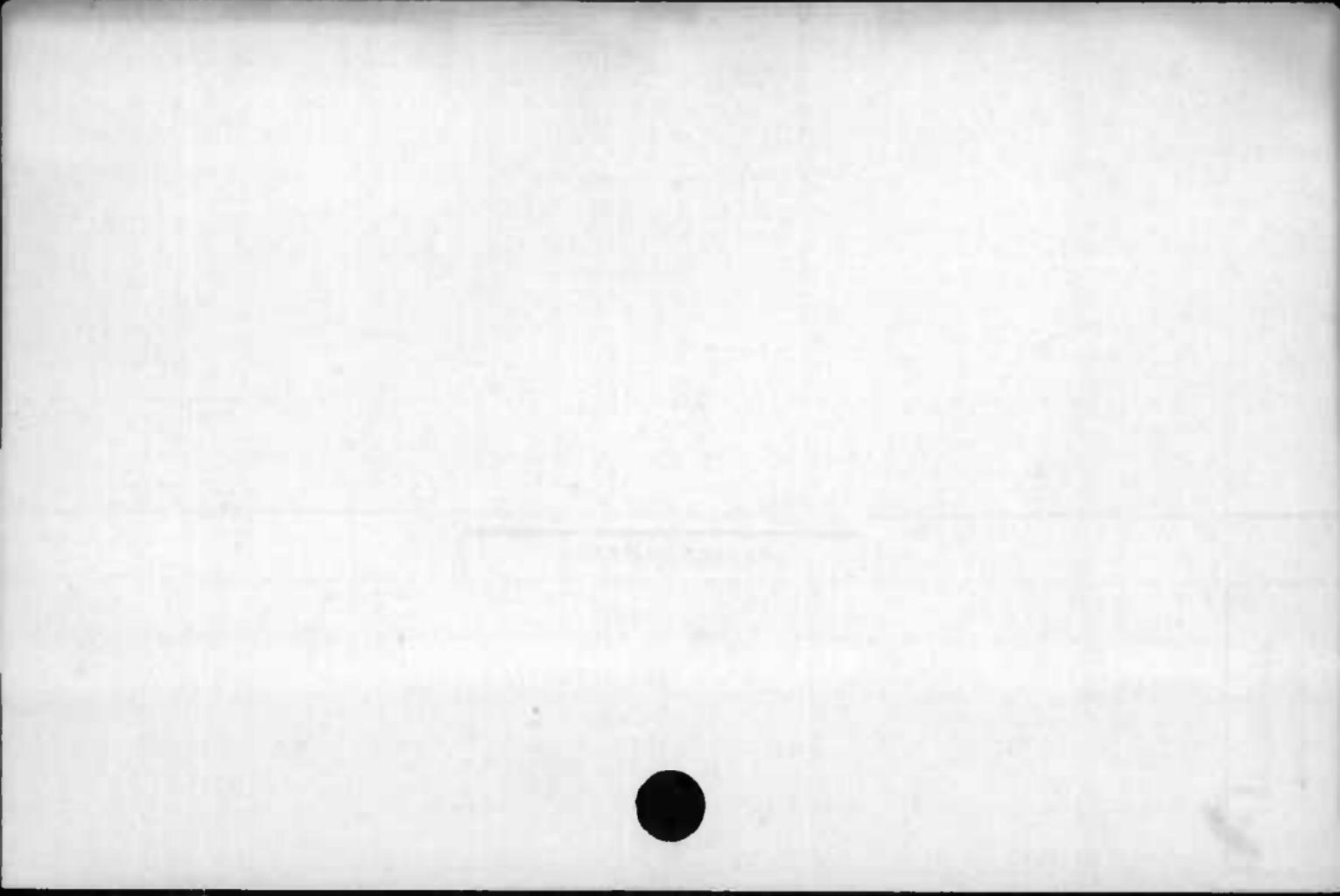
Signature of Physician

Address

W B Kirk MD
Darlington Md



Accident or Suicide?



Name
in
Full

Ellen Barnes Treadway

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------|--|----------------------|----------|----------|------|
| Died at ^{near} Haverstraw | Town | Harford | County | MARYLAND | |
| Date of death 1906 | Month Oct | Day 3 | Years 47 | Months | Days |
| Sex Female | Color or Race white | Birth-place Rockwood | | | |
| Occupation | Where Residing if not at place of death Haverstraw | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name Agathe Treadway | Father's Birthplace Hopkins | | | | |
| Mother's Maiden Name | Mother's Birthplace Bayview | | | | |
| Name of person giving Information | How related to deceased Cousin | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

6 months

40

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

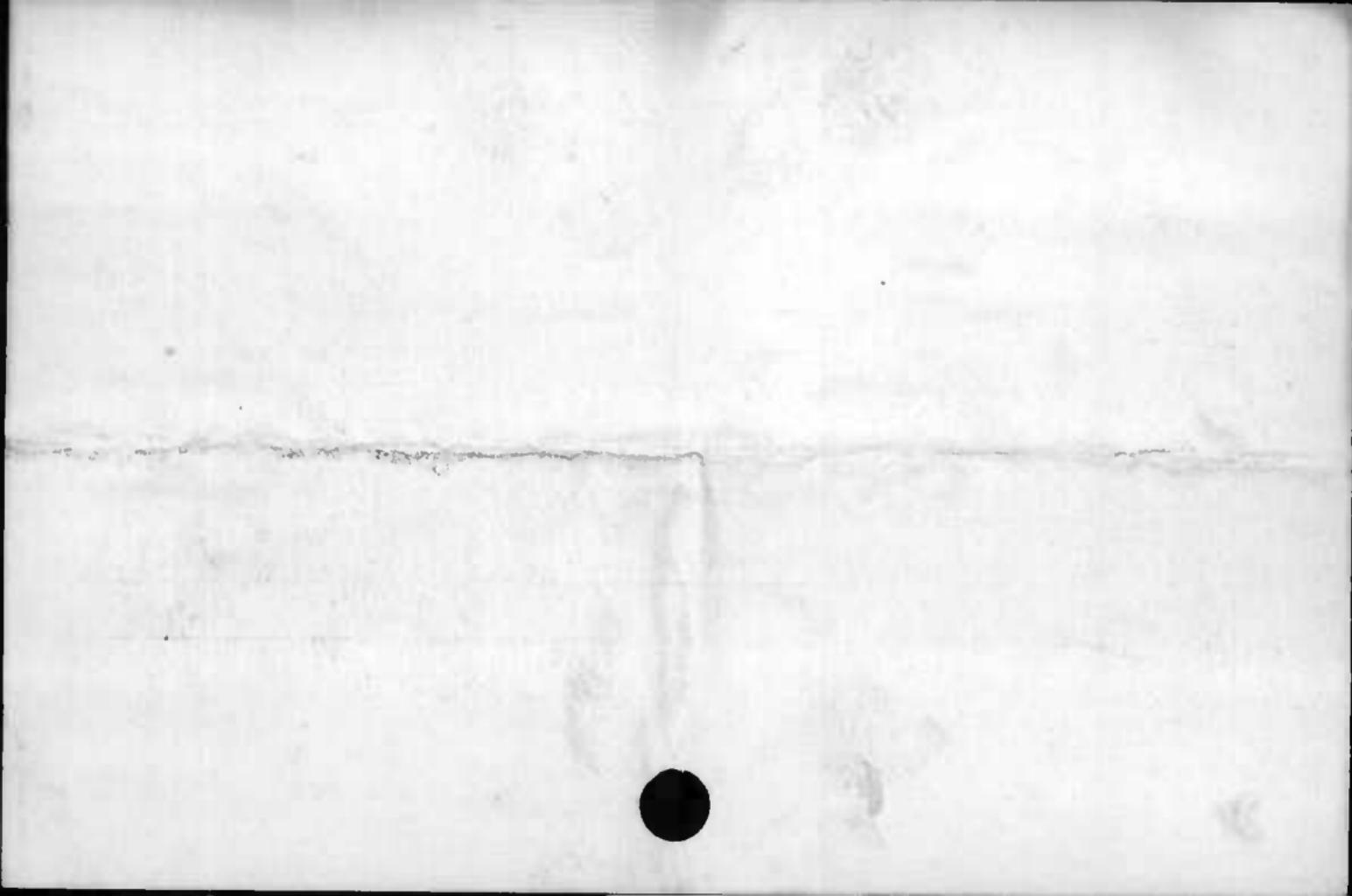
Signature of Physician

Address

R W Smith
Haven de Grace
Md

8

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

| | | | | | | |
|-----------------------------------|----------------|---------------|---|-------------|-------------|--------|
| Died at | | Town | County | | MARYLAND | |
| | | Hanover | Harford | | | |
| Date of death | 1906 | Month | 10 | Day | 26 | Years |
| Age | | | | | | Months |
| Sex | Female | Color or Race | White | Birth-place | | Days |
| Occupation | — | | Where Residing If not at place of death | — | | |
| Married, Single or Widowed | — | | Name of Wife or Husband | — | | |
| Father's Name | William Wilson | | Father's Birthplace | | Harford Co. | |
| Mother's Maiden Name | Carrie Hamby | | Mother's Birthplace | | Hanover | |
| Name of person giving Information | W.M. Wilson | | How related to deceased | | Father | |

CAUSES OF DEATH

(97)

| | | | | |
|--|----------------------|------------------------|-----------------|---------------|
| Primary | Bronchitis pneumonia | | How long | about 2 weeks |
| Immediate | Convulsions | | How long | 6 hours |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | R.W. Smith M.D. | |
| | | Address | Hanover | |
| Accident or Suicide? | | | | |

of
Agg, you

Name
in
Full

Ezekiel Worthington

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died New Abuddee

Town

County

Hanford

MARYLAND

| | | | | | |
|---------------|-------|-----|-------|--------|------|
| Date of death | Month | Day | Years | Months | Days |
| 1906 | Oct. | 5 | 68 | — | — |

Sex Male.

Color or Race

colored

Birth-place

Pa.

Occupation

old sal.

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Sarah Wilma

Father's Name

Ezekiel Worthington

Father's Birthplace

Pa

Mother's Maiden Name

—

Mother's Birthplace

—

Name of person giving information

Emma Sutton

How related to deceased

Niece

CAUSES OF DEATH

Primary

Nephritis

How long

3 yrs.

Immediate

Exhaustion

How long

(120)

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Chas. White
Abudee, Md.

PHYSICIAN
OR CORONER



Accident or Suicide?

